

CAPITAL DEVELOPMENT AUTHORITY
CAPITAL HOSPITAL ISLAMABAD

APPLICATION FORM FOR HOUSE JOB

SPECIALITY APPLIED FOR _____ **YEAR** _____

Photograph

PARTICULARS OF CANDIDATE

Name of the Candidate _____

Father's name/Husband name _____

Date of birth _____ Domicile _____ Nationality _____

ACADEMIC RECORD

Examination Passed	Year of Passing	Marks		Name of the Board/University
		Marks Obtained	Max. Marks	
Matric				
F.Sc				

DETAILS OF PROFESSIONAL EXAMINATIONS OF MBBS

Professional Examination	Year of Passing	Marks		Number of Attempts
		Marks Obtained	Max. Marks	
1 st Professional (Part-I)				
1 st Professional (Part-II)				
2 nd Professional				
3 rd Professional				
4 th Professional/ Final year				

Result Declared on _____

Name of College _____

PMDC. Registration No. _____ (Valid from _____ to _____)

Either Employees' son or daughter (Yes) (No)

If yes then please provide documentary evidence

GENERAL

a. Have you ever been removed or expelled from any Institution? _____ Yes No _____

i. Name of the Institution _____

ii. Year _____ Period of removal/expulsion _____

iii. Reason for punishment _____

b. Any disciplinary action other than removal/expulsion taken against you like fines, compulsory migration etc. _____ Yes _____ No

c. Have you ever been convicted? _____ Yes _____ No

d. Are you suffering from any illness or disability? _____ Yes _____ No

PTO

I hereby solemnly declare that:

- i. I have not completed one year House Job in any other institution/hospital.
- ii. Will abide by the Statues, Regulations and Rules etc framed by the Capital Hospital, Islamabad from time to time.
- iii. Will maintain good behavior and pay all dues regularly.
- iv. Will work diligently and maintain the dignity and prestige of the Capital Hospital, Islamabad both in and outside the Hospital.
- v. Will be a full time and regular trainee of the Capital Hospital and shall not accept any employment for he duration of the training.
- vi. That I will join the house job training for 06 months. If I want to quit the training in between then I shall submit my resignation one month before of its commencement otherwise I will pay one month's stipend in lieu of notice period.
- vii. The information given in the Application Form is correct to the best of my knowledge and belief. And if anything is found incorrect, Capital Hospital Islamabad will have the right to terminate my House Job.

Signature

Full Name

National Identity Card Number

Present Address _____

Permanent Home Address. _____

Mobile No. _____

DOCUMENTS (PHOTO COPIES) TO BE ATTACHED

- a. Matric, F.Sc, MBBS (all professionals)
- b. Attempts/Academic certificate from the Principal
- c. Domicile
- d. Provisional Registration from PMDC
- e. National Identity card
- f. Two recent photographs